



Application for Waiver of Minimum Wage for Certain High School Student/Employees at Non-Profit Establishments M.G.L. c. 151 § 7; 455 C.M.R. 2.05(1)(c)

Pursuant to 455 C.M.R. 2.05(1)(d), the Department of Labor Standards may issue to any establishment which has been granted non-profit status under the Internal Revenue Code a license permitting payment of not less than 80% of the basic minimum wage rate (\$11.00 per hour x 80% = \$8.80 per hour) to minors attending secondary school who work part-time in hospital wards, school and college dining rooms and dormitories, provided a ratio of one minor to five adults working in these areas is maintained.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

**Department of Labor Standards
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114**

**Your application form and fee should be submitted at least 30 days prior
to the requested date of applicability.**

**If you have any questions regarding this application,
please contact DLS at 617-626-6952**



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Please provide the following information:

1. Name of non-profit establishment: _____
2. Nature of business: _____
3. Telephone number: _____
4. Business address: _____
5. Name of contact person and title: _____
6. Provide the number of students to be employed at sub-minimum wage: _____

For each student/employee, attach a copy of the permit or certificate from the student's superintendent of schools (required for any employer hiring minors).

7. Provide the name, address, and description of the location(s) where the student(s) will work:

8. Provide the ratio of minors to adults working at the location(s): _____

9. Provide the proposed hourly wage to be paid to student employee(s): _____

10. Provide the proposed hours of work: _____

11. Attach verification of non-profit status from the Internal Revenue Service (e.g., a copy of the tax-exempt status letter from the IRS)

12. a. Is this the institution's first application? Yes ☐ No ☐

b. If this is not the first application, when was the last application made? _____

c. If a previous application was approved, when was the waiver in effect? _____

Please note: If the waiver application is approved, the Department of Labor Standards may attach conditions to the granting of the waiver if deemed necessary.

Signature of Applicant: _____ Name of Applicant: _____

Title: _____ Date: _____

Office Use Only

CMS # _____ Check # _____ Date Received: _____

Granted / Denied Date: _____ New Application / Renewal